



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

**\*BIBDATASHEET\*****CONFIRMATION NO. 7355**

Bib Data Sheet

|                             |                                       |              |                        |                                |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------|
| SERIAL NUMBER<br>09/905,804 | FILING DATE<br>07/13/2001<br><br>RULE | CLASS<br>604 | GROUP ART UNIT<br>3761 | ATTORNEY<br>DOCKET NO.<br>8638 |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------|

## APPLICANTS

Christopher Philip Bewick-Sonntag, Cincinnati, OH;

CWA

Tana Marie Kirkbride, Cincinnati, OH;

Thomas Ward Osborn III, Cincinnati, OH; Nicholas Albert Ahr, Cincinnati, OH;

CWA

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/637,440 08/11/2000 PAT 6,635,799

CWA

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 08/01/2001

CWA

|  |          |         |        |             |
|--|----------|---------|--------|-------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR | SHEETS  | TOTAL  | INDEPENDENT |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | COUNTRY  | DRAWING | CLAIMS | CLAIMS      |
| Verified and Acknowledged<br>Examiner's Signature <i>[Signature]</i> Initials <i>CWA</i>   | OH       | 14      | 65     | 7           |

## ADDRESS

27752

THE PROCTER &amp; GAMBLE COMPANY

INTELLECTUAL PROPERTY DIVISION

WINTON HILL TECHNICAL CENTER - BOX 161

6110 CENTER HILL AVENUE

CINCINNATI, OH

45224

## TITLE

Topsheet for contacting hydrous body tissues and absorbent device with such a topsheet

|            |  |  |
|------------|--|--|
| FILING FEE | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |
|------------|--|--|

|                  |           |                                  |   |
|------------------|-----------|----------------------------------|---|
| RECEIVED<br>1970 | No. _____ | to charge/credit DEPOSIT ACCOUNT | time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|                  | No. _____ | for following:                   |   |
|                  |           |                                  |   |
|                  |           |                                  |   |